



# Washington State Criminal Justice Training Commission (ICP) Instructor Certification Application

rev. 5-2015

APPLICANT INFORMATION		
Name (Last, First, MI)		
Student ID / Last SSN	Personal Phone	Email Address
Current Employer	If Self – Employed: Address	Business Phone
PROGRAM INFORMATION		
ICP Certification Course Name & Number		Program Manager
INSTRUCTOR DEVELOPMENT (ID I and/or ID II) REQUIREMENT		
<input type="checkbox"/> ID I Click here to enter a date.		<input type="checkbox"/> ID II Click here to enter a date.
<input type="checkbox"/> I would like to submit for a waiver. See my attached ID 1 and/or ID 2 equivalent course.		

Applicant Instructor: To apply for ICP, please forward this application and any other program specific requested documents to the program manager.

**Applicant Signature:**

**Date:**

PROGRAM MANAGER	
Completed Evaluation Process	Click here to enter a date.

I ☐ approve or ☐ disapprove the above applicant to be ICP certified for the listed class.

**Program Manager Signature:**

**Date:**

OFFICE USE ONLY			
RECEIVED	ID CONFIRMED/WAIVED	CERT MAILED	DATA BASE UPDATED